

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

36030

1. PLACE OF DEATH

County Daguerre
Township Meriden
City (No.) (Name) (Ward)

Registration District No. 248
Primary Registration District No. 5345

File No.
Registered No. 19
St. Ward

2. FULL NAME

(a) Residence. No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 19 yrs. - mos. - ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 12-1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
88 40 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) same
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mt. Pleasant
(STATE OR COUNTRY) Ohio

10. NAME OF FATHER Philip Johnson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mt. Pleasant
(STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Margaret Johnson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mt. Pleasant
(STATE OR COUNTRY) Ohio

14. INFORMANT C. E. Johnson
(Address) Kidder Mo

15. FILED 19. Miss Mary Surfer
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 18 1933

17. I HEREBY CERTIFY, That I attended deceased from Sept 1931 to November 1933 that I last saw him alive on November 16 1933, and that death occurred, on the date stated above, at 11:35 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) R. M. Jordan, M. D.

11/20, 1933 (Address) Kidder Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Kidder Cemetery Nov 21 1933

20. UNDERTAKER

ADDRESS

R. F. Powell Kidder Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

